

**Commonwealth of Kentucky
Michael G. Adams, Secretary of State**

1294536
Michael G. Adams
KY Secretary of State
Received and Filed

7/14/2023 4:59:37 PM

Fee receipt: \$50.00

PAOI

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**Articles of Incorporation
Profit Corporation**

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applied to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is

PRIMA CARE REHABILITATION CENTER OF LOUISVILLE INCORPORATED

Article II: The number of shares the corporation is authorized to issue is **1000**

Article III: The name of the registered agent is

GARY K HOLLAND

and the street address of the corporation's initial registered office in Kentucky is **4410 WISTERIA LANDING CIRCLE DRIVE UNIT 207, LOUISVILLE, KY 40218**

Article IV: The mailing address of the corporation's initial principal office is

4410 WISTERIA LANDING CIRCLE DRIVE UNIT 207, LOUISVILLE, KY 40218

Article V: The name and street address of the incorporator is as follows:

**GARY K HOLLAND 4410 WISTERIA LANDING CIRCLE DRIVE UNIT 207, LOUISVILLE,
KY 40218**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

GARY K HOLLAND

PRESIDENT

7/14/2023

I, **GARY K HOLLAND**, consent to serve as the Registered Agent on behalf of the corporation.

GARY K HOLLAND

PRESIDENT

7/14/2023